

**Possession of Marijuana/THC and Possession of Marijuana Paraphernalia**  
**Diversion Information Sheet**

The following guidelines have been adopted by the Wichita City Attorney's Office for the Marijuana/THC Diversion program in Wichita Municipal Court. Only possession of marijuana/THC or possession of marijuana paraphernalia charges will be diverted through this program. Other drug related charges may be eligible for diversion through the drug court diversion process.

Diversion is a **privilege** afforded an accused and not a right. No presumption in favor of diversion exists in any case, and the burden of persuasion rests with the applicant to establish that a diversion agreement will best serve the ends of justice and the interests of the community, public safety and the rights of victims.

It is not required that the defendant have an attorney for the purpose of diversion, however, a defendant has the right to employ an attorney and have him/her present throughout the diversion application process.

**Eligibility: Factors Considered**

In determining whether or not diversion is appropriate, the City Prosecutor will consider a number of factors. Some of these factors include:

1. The nature of the crime and the circumstances surrounding it.
2. Any special characteristics and circumstances of the defendant.
3. Whether the defendant is a first-time offender.
4. Whether the diversion program is appropriate to the needs of the defendant.
5. The impact of diversion on the community.
6. Recommendations of the involved law enforcement community.
7. Recommendations, if any, of the victim.
8. The amount of restitution, if applicable, owed by the defendant.
9. Any mitigating or aggravating circumstances surrounding the crime.

**You must not have had a conviction or Deferred Judgment and/or Diversion for such a crime or similar crime within (five) years of the date of offense.**

**Procedures**

**A \$25 non-refundable application fee is to be paid to Municipal Court prior to the initiation of the diversion process. You must apply for the diversion within 30 days from your initial appearance.** The City Prosecutor will review requests for diversion and may require a diversion conference with the applicant. Please review the following carefully:

- A. The diversion application **must** be completed on the form provided by the Clerk of the Municipal Court. Photocopied reproductions will not be accepted.
- B. A minimum payment of \$200 of all diversion fees is due at the time of signing the agreement. All remaining fines and costs are due within ninety days.
- C. The defendant or the defendant's attorney will be notified if the diversion application has been approved. If the application is denied, the defendant or the defendant's attorney will be notified in writing.

## The Diversion Agreement

If the City Prosecutor approves a diversion agreement, the terms and conditions will be reduced to writing for approval and signature by both parties. The executed diversion agreement will be filed with the Municipal Court and criminal proceedings will be suspended as long as the defendant fulfills the terms and conditions of the diversion agreement. Upon successful completion of the agreement, the City Prosecutor will move to dismiss the charge(s) with prejudice with costs assessed to the defendant.

The defendant must agree to waive his/her constitutional rights to a formal arraignment, speedy trial and a trial on the charges which are diverted.

If at any time during the diversionary period the City Prosecutor finds that the defendant is no longer fulfilling the terms of the agreement, the City Prosecutor will file a Motion to Revoke the agreement and resume criminal proceedings.

The charges for Possession of marijuana/THC or possession of marijuana paraphernalia will be diverted for a 6 month period.

Fine	\$ 250.00
Diversion Fee	\$ 100.00
Court Costs	\$ 102.00 (includes \$25.00 application fee)*
<b>Total</b>	<b>\$452.00</b>

❖ You will be responsible for all additional court costs incurred during the course of your case.

As a condition of the diversion, a drug and alcohol safety action program must be completed within ninety days of signing the diversion agreement.

### Court Approved marijuana programs:

AGENCY	PHONE #	ADDRESS	SERVICES
A New Dimension	265-8600	2422 S. Seneca A.	
ADAPT	721-0971	9505 W. Central, Suite 103	
A Clear Direction	260-9101	162 N. Hillside	
Advance Counseling Solutions , LLC	788-1664	9415 E. Harry, Suite 404	
Addiction Counseling Services	263-4822	1101 N. West St.	Bi-lingual Services
Adolescent Adult Family Recovery	943-2051	3540 W. Douglas	
Atishwin	681-2533	937 S. Bluffview	
Behavioral Consultants, Inc.	263-2155	1047 N. Market	
Changing Habits, LLC	409-5242	1115 S. Glendale, Suite 204 (Parklane Shopping Center)	
Counseling Inc.	295-4800	714 S. Hillside	
Higher Ground	262-2060	247 N. Market	Spanish only
Insight Counseling Center, Inc.	440-4804	4618 E. Central, Suite 30	
Knox Center	265-8511	2924 E. Douglas	
Recovery Unlimited	W- 941-9948 E- 612-9002	West- 3312 W. Douglas East- 555 N. Woodlawn, Suite #125	
So. Central Ks Court Services	1-620-488-3357	1919 N. Amidon, Suite 110	
STOP	686-7884	8911 E. Orme, A	
Yale Crowberg Learning Center	841-6549 613-2948	313 N. Seneca #110	

**City of Wichita-Municipal Court**  
**455 N. Main Street • Wichita, KS 67202**

**Marijuana/THC Diversion Application**

***A non-refundable \$25.00 application fee must be paid with this application  
to initiate the Diversion process.***

Docket Number: \_\_\_\_\_ Attorney: \_\_\_\_\_

Court Date: \_\_\_\_\_

**ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE NUMBER-HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

**LIST ALL PREVIOUS ADDRESSES FOR THE LAST 3 YEARS:**

Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____

LIST ANY ALIAS/MAIDEN NAME(S) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED \_\_\_\_\_  
IF MARRIED, SPOUSE'S FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
NAME ALL DEPENDENTS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUANCE \_\_\_\_\_

IF STUDENT, LIST PERMANENT/PARENT'S ADDRESS \_\_\_\_\_

CLOSEST RELATIVE NOT PRESENTLY LIVING WITH YOU: NAME \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

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**WORK EXPERIENCE**

PRESENT EMPLOYER \_\_\_\_\_ HOW LONG \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_  
WEEKLY SALARY \$ \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ SUPERVISOR'S NAME \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_  
WHAT COUNTY ARE YOU CURRENTLY A RESIDENT OF \_\_\_\_\_  
WHAT STATE \_\_\_\_\_ HOW LONG \_\_\_\_\_

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**MEDICAL HISTORY – (BRIEF LIST)**

PHYSICAL  
CONDITION \_\_\_\_\_

LIST ANY PREVIOUS DRUG OR ALCOHOL TREATMENT RECEIVED \_\_\_\_\_

LIST ALL MEDICATIONS: \_\_\_\_\_

**CRIMINAL RECORD  
(ATTACH ADDITIONAL PAGES IF NECESSARY)**

List **ALL** prior or pending offenses, including criminal, traffic and juvenile.

Include **ALL** arrests and convictions, even if subsequently expunged.

Also, list any other diversion programs you have previously participated in.

Date	Offense	Location	Disposition	Parole/Probation Officer

PLEASE STATE IN DETAIL THE FACTS WHICH CAUSED THE **CURRENT** CHARGES AGAINST YOU TO BE FILED:

PLEASE STATE WHAT YOU BELIEVE TO BE ANY MITIGATING FACTORS CONCERNING THE CRIME(S) WITH WHICH YOU ARE CHARGED:

EXPLAIN WHY YOU FEEL YOU COULD SUCCESSFULLY COMPLETE THE DIVERSION PROGRAM:

I have read the foregoing application. All of the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of the diversion or a revocation of my diversion. I request a continuance of the court date for my case to allow the City time to review my application and obtain the information necessary to determine whether or not a diversion can be granted. I understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to speedy trial.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date